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ABSTRACT

This guide contains all of the information, support and tools that community members need to implement "Talking About Mental Illness" in their community--an awareness program proven to be effective in bringing about positive change in young people's knowledge about mental illness, and in reducing stigma that surrounds mental illness. The program brings together local community partners, including youth; people with mental illnesses and their family members; clinicians; teachers; and mental health and other agency representatives. Together, they develop and organize an educational awareness program hosted by local secondary schools. The program provides secondary school students with the opportunity to hear the stories of community members who have experienced mental illness. The program also provides information about local mental health-related resources that provide support and help to youth coping with their own or a family member or friend's mental illness. Five appendixes include and outline of the program, useful mental health-related Web sites, other useful resources, toll-free phone lines, and Ontario mental health organizations. (Author)

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COMMUNITY

Talking about mental illness

A guide for developing an awareness program for youth

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Community Guide

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PREFACE

This guide contains all of the information, support and tools that community members need to implement "Talking About Mental Illness" in their community — an awareness program proven to be effective in bringing about positive change in young people's knowledge about mental illness, and in reducing stigma that surrounds mental illness.

The program brings together local community partners, including youth; people with mental illnesses and their family members; clinicians; teachers; and mental health and other agency representatives. Together, they develop and organize an educational awareness program hosted by local secondary schools.

The program provides secondary school students with the opportunity to hear the stories of community members who have experienced mental illness. The program also provides information about local mental health-related resources that provide support and help to youth coping with their own or a family member or friend's mental illness.

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Nipissing Community Housing Initiatives, Flex Support Program
North Bay and District Adult Community Mental Health, Case Management Program
Consumers/Survivors of North Bay
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INTRODUCTION

BACKGROUND TO THE PROGRAM

Stigma continues to be a huge problem for people living with mental illness. It undermines a person's sense of self, relationships, well-being and prospects for recovery. Communities are proving they can make a difference through education and awareness programs. The program described in this guide helps to increase awareness about mental illness and the stigma that surrounds it. It is based on the experiences of three communities that participated in the program, and the steps they took to increase awareness and understanding of mental illness.

The community sites used Beyond the Cuckoo's Nest, an awareness program for youth age 15 or older, as their starting point. The program was originally developed in 1988 by nurse case managers at the former Clarke Institute of Psychiatry (one of the founding partners of the Centre for Addiction and Mental Health). This program was developed in response to the community's expressed need for information on mental illness. It consists of a two-hour presentation designed to give secondary school students facts about mental illness and create opportunities for them to interact with people who have first-hand experience with mental illness.

People who have experienced mental illness, family members of people with mental illness, and health professionals deliver the program. The presenters who have lived with mental illness talk about their experiences — what it was like when the symptoms of mental illness first developed,

where they went for help and how they are currently managing. Students benefit from the unique learning experience the program offers, the opportunity to meet and talk to individuals who have been affected by mental illness. After attending the program, students often comment, "people with mental illness are just like everyone else."

The success of Beyond the Cuckoo's Nest and the desire to share the benefits of the program with people throughout Ontario led to the development of a second program in 1998. This program involved three partners: the Centre for Addiction and Mental Health, the Canadian Mental Health Association (Ontario Division) and the Mood Disorders Association of Ontario. Each partner shares the goals of increasing knowledge and understanding of mental illness, and eliminating stigma. Developing the partnership allowed the program to draw on the expertise and local networks of each organization.

The program goals were to develop and deliver awareness presentations in each of the three communities — Hamilton, North Bay and Kingston — and to document their experiences in order to develop resource materials to assist other communities across the province in delivering their own awareness programs. The learnings from the Beyond the Cuckoo's Nest program became the template to develop individualized community presentations.

Each community modified the program to reflect local realities and resources. This guide is the result of their experiences and their best advice on how to develop and carry out an awareness program for youth.

AN OVERVIEW OF THE GUIDE

This guide examines the process for building local coalitions and the steps involved in planning and organizing awareness programs, recruiting speakers, publicizing the program, working with the media and the school system, and evaluating the program.

The accompanying guide, *Teacher's Resource*, looks at the process from the point of view of secondary school staff. It demonstrates how the program fits into the curriculum; it provides concrete ideas and activities for incorporating mental health education into the classroom; and it prepares students for the learning they will receive through the program.

Who is this guide for?

This guide is intended for community groups, agencies and individuals interested in increasing awareness about mental health issues and challenging the stigma of mental illness by developing and delivering awareness presentations.

The accompanying guide, *Teacher's Resource*, provides relevant information and resources for secondary school staff to help them enhance students' learning about mental health and mental illness. It includes ready-to-use activities to prepare students for their presentation, as well as appropriate follow-up activities for use in the classroom.

How do you use it?

This guide highlights a process, used by several communities, to reduce the stigma of mental illness. Users can consult the relevant sections of the guide as needed; it does not have to be used in sequence.

What's in the guide?

PART 1 discusses the stigma that surrounds mental illness and the rationale for the awareness program.

PART 2 describes the first steps involved in bringing the program to life: recruiting community members, enhancing local resources and beginning the planning process that leads to the implementation of the awareness program. It illustrates the process with examples from the three communities. The Tools section contains useful resources, such as a template for creating a list of community resources and a list of places to look for donations of resources.

PART 3 looks at ways of getting the word out — working with the media, the schools and other community resources to promote and carry out your awareness program. The Tools section at the end of Part 3 contains useful resources such as a sample press release and public service announcement, information on ways the program meets the curriculum requirements for certain high school courses and a sample letter to a school.

PART 4 considers ways to prepare for, carry out and follow up on the program presentation, from the perspectives of the organizers and presenters. Information for teachers is contained in the accompanying *Teacher's Resource*. Part 4 will help ensure your presentation is as effective as it can be.

PART 5 describes the process of evaluating the impact of your program. It includes a summary of the program evaluation conducted in the three communities, and sample tools to evaluate the program in your community.

In the APPENDICES, you'll find a variety of useful resources, including excerpts from the curriculum guidelines for relevant secondary school courses, a list of suggestions for further information such as Web sites, print materials, mental health organizations and resources that deal with the issues of mental illness and stigma.

PART 1: INFORMATION ABOUT THE PROGRAM

RATIONALE FOR THE PROGRAM

What is stigma?

Stigma refers to any attribute, trait or disorder that labels a person as "unacceptably different" from "normal people." Individuals with mental illnesses — such as schizophrenia, bipolar disorder and depression — have a double burden. Not only must they cope with disabling disorders, but they must also contend with people's negative attitudes toward those disorders.

Kay Redfield Jamison, in an article discussing stigma, says, "It would be hard to overstate the degree of stigmatization faced by those who have mental illness: it is pervasive in society, rampant in the media and common within the medical profession" (Jamison, 1998, p. 1053).

Stereotypes of people with mental illness are just as inaccurate and dehumanizing as stereotypes of women, racial minorities, people with physical and developmental disabilities, and people from other diverse groups. Although progress has been made in reducing the negative stereotypes and characterizations of these people, we have not made the same progress in our perceptions of people with mental illness.

Why do we stigmatize mental illness?

Most people learn what they know about mental illness from the mass media. We are exposed daily to radio, television and newspaper accounts that present people with mental illness as violent, criminal, dangerous, comical, incompetent and fundamentally different from the rest of us. These inaccurate images perpetuate unfavourable stereotypes, which can lead to the rejection and neglect of people with psychiatric disorders.

Commonly held misconceptions of people with mental illness include the following:

- People with mental illness are all potentially violent and dangerous.
- People with mental illness are somehow responsible for their condition.
- People with mental illness have nothing positive to contribute.

One of the most commonly held misconceptions is that people with mental illness are violent. Sensationalized reporting by the media bears much of the blame, as do television and movie portrayals of "crazed axe murderers." The stereotype of the violent mental patient causes public fear and avoidance of people with mental illness. According to the Ontario Division of the Canadian Mental Health Association, people with mental illness are no more dangerous then people who do not experience mental illness. In fact, people with diseases such as schizophrenia and bipolar disorder are far more likely to be violent toward themselves than toward others. Forty to 50 per cent of people with schizophrenia attempt suicide — 10 per cent succeed.

"The program made me realize that people with mental illness are just normal people, and there is no need to be afraid."

(Student who participated in the program)

Someone diagnosed with a mental illness is perceived very differently from someone hospitalized for a physical condition such as heart disease or a broken leg. Many people don't understand that a condition such as schizophrenia is an illness. They may say: "Can't you just discipline your thinking?" But you can't discipline a virus, cancer cells or a broken leg. That's the response given by www.openthedoors.com, a Web site that raises awareness about stigma associated with schizophrenia.

"Young people need to know that mental illness doesn't only affect those they might expect. Mental illness affects everyone, and it's more than likely that, at some point in their lives, they're going to have to deal with it, either personally or with a family member or friend."

(A participant in the program)

There is a lingering perception that it's a person's own fault if he or she suffers from mental illness. Mental illness has been wrongfully characterized as a weakness or character flaw, as something people bring upon themselves or their children, and as something that people use to get attention. Yet, mental illness occurs all over the world, in all races, cultures and social classes.

Another common misconception about people with mental illness is they cannot live independently, let alone make significant contributions to the community. Throughout history, however, people with serious mental illness have contributed enormously to our societies — in politics, culture, academic life, athletics, business, art and science. People with mental illness have been leaders and visionaries, both enriching and expanding our knowledge and understanding in every arena.

How does stigma affect people's lives?

There are many negative stereotypes about mental illness, including those just mentioned. These misconceptions have a direct impact on attitudes toward people with mental illness; they result in discriminatory behaviours and practices. These stereotypes lead to expectations that people with mental illness will fail when looking for a job, living independently or building long-term relationships. The truth is, employers are reluctant to hire people with psychiatric disabilities; landlords are less likely to rent apartments to them; and supportive group homes are not welcome in most neighbourhoods.

The negative reaction to mental illness leads to discrimination that can be as hard to deal with as the symptoms of the disorder itself. For people with mental illness, stigma can be a barrier to finding a place to live, finding a job, finding friends, building a long-term relationship and connecting to the broader community — things that everyone needs for mental health.

"There are definitely a lot of negative stereotypes out there about people with mental illness. People have ideas based on what they've seen in movies, in the media, and in their own day-to-day experiences. A lot of these stereotypes aren't accurate, and they don't foster a sense of caring for people who are mentally ill. It's important to address those stereotypes and to work to change them."

(A participant in the program)

OVERVIEW OF THE PROGRAM

Why an awareness program?

Many people are frightened of mental illness, although about one in four people will at some time in their lives require professional help for a mental health problem.

Providing accurate information can help correct fears, myths and misconceptions many people have about mental illness. Studies have shown that a combination of education and face-to-face interaction has a greater impact on changing attitudes than using either strategy in isolation. Stigma is diminished when someone meets a person with mental illness who has a job or contributes in other ways to community life.

Negative perceptions can change when people have positive experiences

"It gave me a better understanding of people with mental illness. I think I will feel much more comfortable around them now."

(Student who participated in the program)

with individuals with mental illness. The Talking About Mental Illness program provides an opportunity for this positive interaction and opens up dialogue between students and people who have experienced mental illness. The program helps correct misconceptions and provides insight into the reality of living with a mental illness.

Secondary schools provide an ideal environment and natural opportunities to address issues of mental health and illness. Secondary-school students, particularly at the senior level, are eager to learn about mental illness. The curriculum guidelines for a number of senior level courses, such as Challenge and Change in Society (Grade 12) and Healthy Active Living (Grades 11 and 12), contain explicit requirements for mental health education. There are other courses that also lend themselves to exploring issues related to mental illness. The Talking About Mental Illness program provides teachers with a student-friendly way to meet learning objectives and curriculum requirements.

How does the program help to eliminate stigma?

To truly understand the extent of stigma and its effects, and find ways to change it, we need to hear from people who have experienced it first-hand. In the program, people who have experienced mental illness share their stories with the students, providing an autobiographical account of what it's like to live with a mental illness. The presentation teaches that people with mental illness are not violent or incompetent, and that, in one student's words, "they are just like everybody else" (Mound & Butterill, 1992). The students learn that, with advances in treatment and community support, people with mental illness, just like people with other chronic health problems such as diabetes, can live fulfilling lives and contribute to the community.

"The personal stories helped me to see that mental illness can happen to anyone, even to someone who is doing well in life."
(Student who participated in the program)

In the program evaluation, students' knowledge about mental illness was measured and their attitudes toward people with mental illness were assessed — before and after they took part in the program. The results of the evaluation showed the program increased knowledge and awareness of mental illness and fostered more positive attitudes about people with mental illness. For more information on how the program was evaluated, please refer to Part 5.

"The students come back with a better understanding of people with mental illness as not leading separate and distinct lives...There are no signposts anywhere that distinguish people with mental illness from anyone else."
(Teacher who participated in the program)

What does this program offer young people?

The program has been shown to have several important outcomes for

youth — positively influencing their attitudes as well as their knowledge about mental illness.

Secondary school students are at an age where they are forming opinions and values that will be with them for life. This kind of presentation helps students develop critical thinking skills by encouraging them to examine media messages and their own preconceptions about mental illness. The program helps to ensure that these students develop a strong sense of understanding, empathy, compassion and tolerance — essential elements for healthy individuals and caring communities.

Teenagers also need to know more about mental illness because the first symptoms of severe, chronic forms of mental illness such as schizophrenia, bipolar disorder, panic disorder and obsessive-compulsive disorder generally appear between the ages of 16 and 24. Young people with disorders such as schizophrenia are at a very high risk of attempting suicide. Suicide is the second most common cause of death among Canadian youth, surpassed only by accidental deaths (Health Canada, 1994).

A recent study (Oliver et al., 1995) highlighted the extent of mental health concerns among Canadian youth and the barriers that influence their attitudes, coping abilities and help-seeking behaviours. The study's findings confirmed the results of earlier research, such as the Canadian Youth Mental Health Survey (1993): depression, stress, suicide and eating disorders are issues of concern for teens; and fear, embarrassment, peer pressure and stigma are barriers to getting help.

The program provides an opportunity to openly discuss mental illness; however, this discussion does not replace professional help. It provides information, such as local mental health-related resources, that makes it easier for young people to take action for themselves and others by seeking help and support to deal with mental illness. Teachers, organizers and presenters should emphasize that people experiencing distress should seek professional support.

Young people's attitudes toward seeking help, and their desire to learn more about mental health issues, can be positively influenced through educational initiatives. It has been demonstrated that favourable attitude change follows educational presentations delivered by medical personnel to junior and senior secondary school students. In one study, the authors report that educational presentations about suicide and depression were positively related to attitudes toward seeking help

"I can lecture and talk all I want, but in a few minutes, when the presenters relate their particular situation or story, it can cut through a lot of distance and make the learning real and focused for students."
(Teacher who participated in the program)

"What I liked most about the program was the way I was able to ask questions about anything."
(Student who participated in the program)

"What I really liked about the program is that it provides many opportunities to find out what kind of help is available in the community."
(Teacher who participated in the program)

"I do this to educate them because I'm concerned that maybe one or two of these kids are going to have mental illness and they're not going to know what to do. Maybe my experience will help them." (Presenter in the program)

"We know that many students are experiencing stress in their lives, either because their parents, or the students themselves, are having emotional difficulties. The program gives students permission to acknowledge that a lot of us have these problems, and that it's OK to talk about it."

(Teacher who participated in the program)

"Several things come through loud and clear. Kids come back with tremendous empathy and understanding of what it must be like to be in the presenters' shoes, which is a huge step. They also come back with respect for the battle that people with mental illness fight, and cognizant of the courage it takes to fight the battle."

(Teacher who participated in the program)

(Battaglia, Cloverdale & Bushong, 1990). Favourable attitude change has also been noted when an educational presentation is accompanied by personal contact with individuals identified as having a mental illness (Godschalx, 1984; Mound & Butterill, 1992).

What are the goals and objectives of the program?

GOAL

- to reduce the stigma associated with mental illness through an educational program.

OBJECTIVES

- to provide teachers/educators with appropriate support and materials to enhance learning from the awareness program
- to organize awareness presentations in local secondary schools, or other community venues
- to provide an opportunity for secondary school students to learn from people who have experienced mental illness first-hand
- to provide secondary school students with information about mental illness and local resources for support
- to provide support, ideas and resources for teachers to deliver new mental health related curriculum.

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Mound, B. & Butterill, D. (1992). Beyond the Cuckoo's Nest: A secondary school education program. *Psychosocial Rehabilitation Journal, 16(3)*, 146–150.

Oliver, L.E., Watters, A. Collins, D.W., Manion, I. & Davidson, S. (1995). Focusing on youth's attitudes towards mental health and illness. Unpublished manuscript, Children's Hospital of Eastern Ontario.

FOR FURTHER READING

Fink, P. & Tasman, A. (Eds.). (1992). *Stigma and Mental Illness*. Washington, DC: American Psychiatric Press.

This book contains a series of papers that came out of a 1989 American Psychiatric Association annual meeting. The theme of that meeting was Overcoming Stigma and the papers presented discuss societal, historical and institutional issues of stigma. They also include narratives of people with mental illness.

Peterson, D. (Ed.) (1982). *A Mad People's History of Mental Illness*. Pittsburgh: University of Pittsburgh Press.

This book examines the history of the treatment of people with mental illness from 1436 to 1976 through excerpts from the writings of people who received such treatment. It is a unique history presented through the eyes of individuals as they experienced it.

Sattler, D.N., Shabatay, V. & Kramer, G. (1998). *Abnormal Psychology in Context: Voices and Perspectives*. New York: Houghton Mifflin.

This book is a collection of first-person accounts and narratives, written by people who have had psychiatric disorders of various kinds. It serves as a companion text for college psychology courses, adding the voices of real people describing their experiences in their own words to the usual textbook description of symptoms and diagnoses. Comments by therapists and relatives of those with mental disorders are also included.

Wahl, O.F. (1995). *Media Madness: Public Images of Mental Illness*. New Jersey: Rutgers University Press.

This book describes how mass media (television, books, newspapers, movies, advertising, etc.) depict people with mental illnesses. It also discusses the impact of media stereotypes of

mental illness, provides facts about mental illness and gives examples of efforts to improve media portrayals of mental illness.

Wahl, O.F. (1999). *Telling is Risky Business: Mental Health Consumers Confront Stigma*. New Jersey: Rutgers University Press.

Telling is Risky Business vividly covers such topics as isolation, rejection, discouragement and discrimination, as well as strategies for coping. It includes a section on resources for fighting stigma.

PART 2: GETTING STARTED

Each community has a unique reality and resources, so no two will initiate the program in the same way. Part 2 contains information that will be helpful to people working in a variety of contexts. For people working in communities where some groundwork will be needed to get an awareness program going, this section addresses the first steps involved in bringing a program to life. For people working in communities with a well-developed network of mental health-related resources, there are some useful ideas and tips that will help your group move forward quickly.

2.1 BRINGING PEOPLE TOGETHER

Connecting people to one another and to the issue is a vital first step in taking action to reduce stigma in your community. Participants in successful awareness-raising initiatives find out experientially that they can be heard and they can make a difference, and that a group of diverse people can address difficult issues, such as the stigma of mental illness, constructively.

When community members are actively engaged with one another and with community life, relationships are formed that not only become a support for individuals, but also become a resource for the entire community.

Forming a planning committee

The first step in organizing your program is to bring together people who are invested in the goal of reducing the stigma associated with mental illness. A few enthusiastic people is all it takes to initiate a successful collaboration — a small group of people with the credibility to convince others that something can and must be done.

You may not have to start from scratch; there could be a group in

Bringing a working group together was not a challenge for Kingston, because the community already had a coalition mobilized around mental health issues. The city of Kingston has a very diverse population, four hospitals, including a psychiatric hospital, and eight prisons. Although the coalition

was already very active, members recognize there is still a lot more work to be done to make the community more aware of, and more comfortable with, mental illness.

After a few casual discussions between some of the coalition members (including the Centre for Addiction and Mental Health and representatives from the Kingston branch of the Canadian Mental Health Association and the Mood Disorders Association), an initial program group was formed and ready to get to work. This initial team was expanded to include representatives from the Family Resource Centre of Kingston Friendship Homes, the Kingston Psychiatric Hospital, the social work department, as well as a number of people who had experienced mental illness, who participated as presenters and/or professional support during presentations.

The ease with which the group moved forward with the program was largely due to each partner's experience with public education campaigns. Each had participated in various public awareness and education campaigns in the past, but felt that more could be achieved by joining forces. The opportunity to work together educating youth about mental illness was exciting but not overwhelming since

your community that is already active and potentially interested in working with you to create a local awareness program.

If your community does not already have a group or coalition you can work with, you can start by bringing together a few interested people to help you do some planning. Your group can begin by gathering information on the issue, finding out about local resources and identifying a broad range of stakeholders. Remember that the Centre for Addiction and Mental Health (CAMH), the Canadian Mental Health Association (CMHA) and the Mood Disorders Association of Ontario developed this program jointly. Each of the local branches or offices of these organizations in Ontario has a copy of the *Talking About Mental Illness* materials and may be able to provide assistance in developing the program.

The role taken by each organization will depend on local needs and resources, and what other initiatives are under way at the community level. Your local CAMH office may provide a starting point, helping you to develop networks with other resources and sources of support in your community.

Broadening the base of participation

Our communities consist of people from a broad range of ages, cultures and abilities. If your group represents a diverse cross-section of the community, it may gain broader community support. By joining forces with individuals and organizations that have credibility and a presence in the community, you can accomplish a great deal more than you would on your own.

Potential participants may come from a variety of backgrounds, such as:

- people with mental illness, their family and friends, and other individuals who have a personal interest
- people who work in a setting where mental health issues are important, such as teachers, students, hospital workers, mental health professionals, police and members of the local business community
- people involved in local voluntary organizations such as self-help and support groups, community information centres, libraries, family resource centres and women's hospital auxiliary
- members of community clubs and groups such as Rotary, Lions, Legion and Kiwanis
- members of local religious congregations.

Tips for getting started

USE YOUR NETWORKS.
Start with people you know. It is easier to interest people you already have a relationship with.

Find out what other groups, organizations and individuals are active in your community. Get in touch with ones that share the same concerns. You may be able to form partnerships that benefit everyone.

GO TO WHERE PEOPLE ARE.
Instead of trying to get people to come to you, go to them. Go to the meetings of other groups and to the places and events where people gather. This is particularly important if you're trying to involve youth, seniors, different cultural and ethnic groups and others that may not come to you.

ASK PEOPLE TO INVITE OTHERS.
Most community volunteers become involved because they were asked to participate by a friend, a family member or a neighbour.

SUPPORT THE PARTICIPATION OF ALL PEOPLE.
If you want to have a diverse group of people committed to your program, it is important to support their participation. Make sure the program is accessible to everyone, including youth, and people from ethno-cultural and disability communities. Provide practical support, such as transit allowances, and make sure meetings are held in accessible locations at times convenient for everyone.

COMMUNICATE CLEARLY.
Effective communication is also an important part of supporting people's participation. Avoid using jargon and make sure everyone understands what is being said. Act quickly on input from people about making the program more diverse.

CREATE LEAFLETS AND BULLETINS.
Community bulletin boards, libraries, city hall, community centres and other similar locations are great places to post information about your group. You might want to create leaflets as well, so that people have information they can take with them.

the program drew equally on the strengths of each partner.

In Hamilton, coalition-building started with a letter, signed by both CAMH and the CMHA, introducing the idea for the program to several key community contacts, including representatives of the Hamilton Psychiatric Hospital, the Mental Health Rights Coalition and the local branch of the Schizophrenia Society of Ontario. The letter also invited potential community partners to an information session to find out more about the program.

The program was introduced at the information session and participants were presented with an orientation package. After some discussion, everyone agreed to play a role in the development of the program. Several meetings were held to discuss the program. Two issues raised in these meetings were the need to tailor the program to reflect the local community and the need to reach out to include local people who had experienced mental illness.

Group members were able to get in touch with a number of potential presenters through their personal and professional networks. An effort was made to ensure the pool of speakers included youth and people with a variety of mental health concerns.

Group members offered varying degrees of time and commitment, based on their availability and workload. At times, it was difficult to co-ordinate meetings accessible to all members, especially youth. The group realized it had to make a special effort to arrange for transportation and schedule meeting times so youth could attend. Also, they had to conduct the meetings in a way that made them feel included and engaged.

USE LOCAL LEADERSHIP.
Well-known, respected community members who are active in civic life can be excellent resources for your awareness program.

INVITE PEOPLE TO PARTICIPATE TO WHATEVER EXTENT THEY WISH.
Be sensitive to people's needs and limitations. Even those who are very interested may have time constraints. People will be more willing to participate if they feel their availability and interests are respected.

KEEP YOUR EFFORTS VISIBLE.
Make sure you're getting the attention you need from the broader community by developing contacts in the local media. We talk more about working with the media in Part 3.

2.2 WHAT'S NEXT: YOUR GROUP'S FIRST QUESTIONS

Covering the basics

One of the first tasks your group should do is answer some basic questions about who you are and what you're doing. The process allows group members to share their ideas about what the program means to them, and also helps groups develop a sense of cohesiveness and identity. The following is a list of questions you may want to put on the agenda of your group's first meeting:

- Why are we coming together?
- What do we have in common?
- What are our goals?
- Where will we meet?
- When will we meet and how often?
- How should our time be spent?
- What kinds of topics should we cover?
- What kind of resources will we need?

- Who can help us out? (Create a help list with names and phone numbers of local organizations, groups and professionals that can help your group.)
- Who else should be here?
- Should we set some guidelines for the group? (For example, confidentiality issues, decision making processes)

Naming your program

Choosing an appropriate title is very important in establishing the identity of your program. The title on the cover of this guide, "Talking about Mental Illness," is simply a working title. We hope people using this guide will change the title to reflect the reality of their group and community.

You can brainstorm possible names with your committee or host a contest to come up with an appropriate name. Pick a name that is catchy and reflects the objectives of your program. Consider focus-testing the name outside of the immediate group to ensure it is meaningful and well-liked.

You may also wish to develop a logo. A logo helps identify and draw attention to your program. Use your logo on all of your promotional materials, including press releases, correspondence, and background and support materials such as those you take to schools and distribute to teachers.

Planning for action

Once you've convened your group, develop an action plan. What steps do you need to take to organize and deliver the awareness program?

The following is a list of some general questions to address in your brainstorming session:

- What specific tasks need to be completed?
- Who will carry out these tasks?
- When do these tasks need to be completed?
- What resources will we need to carry out these tasks (such as funding, time, photocopies, etc.)?
- Who should know about these actions?

Specific tasks for your group

Your action plan sets out the tasks that need to be completed, and the person or people assigned to carry them out. Some of the specific tasks might include:

- finding sponsors for such things as providing honorariums, travel expenses or snacks
- gathering in-kind resources, such as meeting space, photocopies, refreshments for meetings,

and so on (A list of ideas for potential community donors is in the Tools section at the end of Part 2.)
- recruiting presenters (Use the networks and contacts of your local partners to contact people who have experienced mental illness to participate in your program as organizers, presenters or both. Extend the opportunity widely, including self-help groups for family members and individuals and local community mental health services.)
- making contact with local schools, mental health service providers, community colleges, supportive housing and other community organizations
- contacting local media and soliciting their support.

Keeping it going — Sustaining people's enthusiasm

Successful community groups do not happen by chance. They are the result of careful planning, attention to detail and a leadership style that recognizes and facilitates the different ways in which members contribute to attaining the group's goals.

At the heart of every successful community-based program is a core of enthusiastic individuals. People become dedicated to a group because they gain something important from their involvement, such as the opportunity to do work that helps others, to be part of a team, to challenge themselves or to learn how to be a leader.

Commitment grows as people gain experience working and making decisions together, overcoming obstacles, building relationships and having an impact on something they care about. When you invite someone to participate in your awareness program, you aren't imposing something on that person; you are offering him or her something of value.

Tips for building and maintaining your group

Welcome people into your group.

All people need to feel genuinely welcome in order to become involved; if people don't feel welcome, they won't stick around. Greet people individually as they arrive and get to know them. Make it part of the culture of your group to provide a welcoming environment for newcomers and members who have been involved from the start.

Be sensitive to diversity.

People involved in awareness work need to communicate their openness to diversity by including people of different cultures, ages, abilities, sexual orientations, religions, and so forth. People will become committed to your initiative if you respect them and value their cultural identity.

Be open and clear about your mission, goals and objectives.

Post your mission, goals and objectives in your meeting space, so everyone will be familiar with them. Talk openly about why they are important to your group. People have to know what

they are committing to.

People will be interested in your group if they share the same principles and goals, and their commitment will be greatest if they participate in the process of naming the group's goals and objectives.

MODEL DEDICATION YOURSELF.

If people can count on you, it is more likely you will be able to count on them.

Enthusiasm is contagious. However, if you are working so hard you are burnt out and unhappy, people will take note of that, too, and they will shy away from following your lead. Remember to keep a sense of balance and delegate tasks to others.

PROMOTE RENEWAL AND GROWTH.

As the initial energy and enthusiasm gives way to more tedious tasks, many community groups go through a stage when they lose members and flounder a bit. This stage is a normal part of group process — some turnover should be expected — and it may even be healthy. Unfortunately, the loss of some participants may discourage those who stick it out.

You will take these changes in stride if you have developed new leadership and involved new people throughout your group's development. You can accomplish this by circulating minutes of group meetings, making presentations in the community (to service clubs, churches, etc.) and making contact with local media to publicize the work of the group.

GIVE PEOPLE THE RIGHT KIND OF WORK TO DO.

People need to feel they're making a significant contribution to feel committed. Find out what people are interested in doing and see if you can match their interests to the work that needs to be done.

Assess people's abilities so they don't feel overwhelmed or bored. Talk to people about the jobs they would like to attempt and encourage them to try new things. Try to give people jobs that bring them into contact with other people involved in the program, which will help them feel part of the group.

BUILD A CULTURE OF APPRECIATION AND RESPECT.

People who feel appreciated and respected are more likely to stay committed to your program. Create an environment where people treat each other well and appreciate each other's work.

In heated discussions or conflicts, make sure that people show respect for each other. Conflicts are natural and provide important growing periods. To ensure conflicts are constructive, rather than destructive, try to keep discussions focused on issues instead of individuals.

ENSURE EQUITY WITHIN THE GROUP.

The people sitting around the table may have very different access to resources. Some will be professionals participating during paid work hours, while others will be unpaid volunteers. Your group might want to consider providing honorariums for unwaged presenters to support their

participation and acknowledge the value of their contribution to the group and the community.

LISTEN.
It is important to ensure everyone's voice is heard when decisions are being made. Active and respectful listening is a crucial to foster commitment from group members.

SUPPORT PEOPLE'S LEADERSHIP.
Even though people have varying levels of leadership skills and experience, everyone can contribute something of importance. If people see themselves as leaders, they will develop a sense of ownership, and are more likely to take initiative to ensure the program's success. Think about each person as a potential leader and help each one to recognize his or her leadership talents.

CELEBRATE YOUR ACCOMPLISHMENTS.
Don't forget to celebrate your accomplishments and enjoy each other's company. Spending some social time together helps people get to know each other better and feel more a part of the group. Share letters of thanks from audience members with the entire group. Look for opportunities to encourage and support your members as they progress through the program.

CHECKLIST

- ☐ Your organizing committee involves partners from many different sectors of the community.
- ☐ The members of the group reflect the diversity present in your community.
- ☐ You are tapping into available community resources.
- ☐ Your group has a plan for raising funds and other resources.
- ☐ You are promoting the development of new leadership in the group.
- ☐ Your group is reaching out to the whole community to recruit new members and publicize their work.
- ☐ You are taking the time to acknowledge and celebrate the accomplishments of the group.

FOR FURTHER READING

University of Kansas. *Community Tool Box*. Available on-line at: http://ctb.lsi.ukans.edu/

This Web site offers practical guidance for community mobilization and development. There are over 3,000 pages of specific, skill-building information on over 150 community topics.

Mattessich, P. & Monsey, B. (1995). *Community Building: What Makes It Work?* Minnesota: Wilder Foundation Publications. Available on-line at: http://www.wilder.org/pubs/commb/commbwbk.html

This book reviews factors influencing the success of community-building initiatives. It synthesizes the findings of community-building studies into an easy-to-use reference. The book also contains a glossary of terms, a list of resources, technical support information and an extensive bibliography.

Willinsky, C. (1999). *Mental Health Promotion Toolkit: A Practical Resource for Community Initiatives.* Canadian Mental Health Association. Available on-line at: http://www.cmha.ca/

Although there is no standard recipe for promoting mental health, this resource offers helpful examples and ideas. It includes a step-by-step guide for developing a program, summary tips and checklists, and tools such as a sample funding proposal. Three existing programs are used to illustrate concrete examples of effective approaches.

Winer, M. & Ray, K. (1996). *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey.* Minnesota: Wilder Foundation Publications. Available on-line at: http://www.wilder.org/pubs/commb/commbwbk.html

This handbook is conceived to help diverse groups work together. It describes strategies for accomplishing goals and guidelines for successful collaboration. The book provides instruction, case studies and worksheets to guide users through the process of developing and sustaining collaborative partnerships.

TOOLS

- Template for Creating a List of Community Resources
- List of Places to Look for Donations of Resources

TEMPLATE FOR CREATING A LIST OF COMMUNITY RESOURCES

A community resource list is a tool the organizing committee can prepare in advance. It provides teachers with an up-to-date listing of the various mental health supports and resources available in the community. You can also highlight resources present within the school such as guidance counsellors, school nurses, chaplains and social workers, as well as other possible resources in the community, such as hospitals, clergy and family doctors.

Completing the list is a valuable exercise for committee members because it helps familiarize them with the supports and resources in the community. It also provides a list of potential partners and contacts for arranging speakers, and so forth.

The following template should be adjusted to fit your community's unique resources.

Community Resources

Distress phone lines [Insert phone number of local services here]
Distress lines are an anonymous way for people to get support during a crisis, as well as information on longer-term help for themselves, family members or friends. Distress lines are accessible 24 hours a day. When in doubt, call 911.

Kids Help Phone (1-800-668-6868)

Eating disorders support groups and services [Insert phone number of local services here]

Assertive community treatment teams [Insert phone number of local services here]

Local emergency shelters [Insert phone number of local services here]

Local hospital [Insert phone number of local services here]

Community mental health agencies [Insert phone number of local services here]

Supportive housing agencies [Insert phone number of local services here]

Canadian Mental Health Association — local branch [Insert phone number of local service here — Call 416-484-7750, or visit their Web site at www.cmha.ca to find the branch nearest you.]

Mood Disorders Association of Ontario [Insert phone number of local service here — Call 1-888-486-8236 or 416-486-8046, or visit their Web site at http://www3.sympatico.ca/mdamt/ to find the nearest location.]

Centre for Addiction and Mental Health [Call 1-800-463-6273 for information on mental health issues and services or visit their Web site at www.camh.net to find out about a local office.]

Schizophrenia Society [Insert phone number of local services here — Call 1-800-449-6367, or visit their Web site at http://www.schizophrenia.on.ca/ to find the chapter nearest you.]

The Self-Help Resource Centre of Ontario [Call 1-888-283-8806, or visit their Web site at http://www.selfhelp.on.ca/ to find out about local groups.]

LIST OF PLACES TO LOOK FOR DONATIONS OF RESOURCES

Some of the things you will need, in addition to cash, are refreshments, meeting space, photocopying, telephone, office supplies and thank-you gifts. The following is a list of suggestions for places and people that may support you with resources for your project.

- local government
- local Chamber of Commerce
- local businesses (for in-kind donations, e.g., food, office supplies, thank you gifts)
- local places of worship
- local banks and credit unions
- local service clubs (Kiwanis, Rotary, I.O.D.E.)
- insurance companies
- hospital auxiliaries

PART 3: GETTING THE WORD OUT

There are a variety of community partners you can work with to promote your awareness program. You will probably be working primarily with local schools, community groups and the media; so in Part 3, we have focused specifically on ways of working successfully with these three groups.

3.1 PROMOTING YOUR AWARENESS PROGRAM TO SCHOOLS

These days, mental health issues are increasingly emphasized and taught in schools, particularly in secondary school. The new Ontario Secondary School curriculum guidelines contain a range of courses with explicit requirements to cover issues of mental health and illness. Given the natural fit with the curriculum of a number of secondary school courses, such as Challenge and Change in Society, and Healthy Active Living (please see Appendix A of the *Teacher's Resource* for a full list of courses, and relevant excerpts from the curriculum guidelines), and the captive audience, secondary schools in your community are natural partners for reaching youth with your awareness program.

Selecting a strategy

Finding the most effective strategy for promoting the awareness program to schools in your community depends on the way things work in your school region. In some cases, it might be more effective to approach the local school board formally before contacting individual schools. In other cases, it might be best to go directly to a particular school. In this section, we will discuss both scenarios and highlight ways of preparing for these meetings.

Approaching a school board

In certain cases, a school board may have a policy that all outside programs need to be approved by

the board before individual schools can participate. If this is the case in your area, you will have to find out who reviews and approves programs, and what kind of supporting information they require in order to make this decision. For example, the board may require the following:

- a description of the program and its goals
- an outline of the presentation
- results of the evaluation that measure the impact of the program
- evidence that the program complements the curriculum guidelines.

You will find a package of this information in the Tools section at the end of this section.

APPROACHING A SCHOOL DIRECTLY.

Policies in school districts vary widely. In some communities, it may not be necessary to approach the school board before contacting individual schools. You may be able to go directly to the principal or vice-principal, or even a particular teacher.

If a member of your planning committee already knows someone in one of the schools you would like to work with, take advantage of this connection. Find out more about how that particular school operates and which staff members would have an interest in an awareness program.

In North Bay, a number of local secondary schools had previously hosted presentations by mental health professionals about mental illnesses. The coalition members decided it would be a good idea to start with these schools because relationships already existed with members of the group and local mental health resources, and there were already a number of staff within the school who were supportive of a mental illness awareness program.

The goals of the awareness program fit naturally with the learning objectives of courses in Ontario such as Challenge and Change in Society, and Healthy Active Living. The most convenient and effective strategy may be to get to know these teachers and contact them directly.

Making contact

Once you have identified the appropriate contact person, contact him or her. You have several options. You could send a letter explaining the awareness program and its benefits and follow up with a phone call, or phone the contact person first and send a package of information afterwards.

How you proceed will depend on your style and comfort level. It's important to prepare in advance the main points you want to convey. Some suggestions include the following:

- the goal of the program (to reduce stigma associated with mental illness) and how the program accomplishes this goal
- the match between the program's goals and the curriculum guidelines for teaching about mental health in core courses such as Challenge

and Change in Society, and Healthy Active Living
- how the awareness program enhances and reinforces the education that secondary schools are already providing about mental health
- the results of the program's evaluation, showing that students who attend the program report more positive attitudes toward people affected by mental illness and increased knowledge about mental illness.

In your mail-out to the school or contact person, you may want to include the following:
- a one-page description of your planning committee and its goals and objectives
- a copy of the video, *Talking about Mental Illness: An Introduction to an Awareness Program for Youth*
- an outline of the presentation, including a brief description of the presenters
- the results of the evaluation measuring the impact of the program
- comments from students and teachers who have participated in awareness programs.

In the Tools section at the end of Part 3, you will find a sample letter. The accompanying *Teacher's Resource* contains information on the program's goals and the curriculum guidelines, and information on the program's evaluation. The *Talking about Mental Illness* video, as well as the *Teacher's Resource*, contain a number of comments from students and teachers.

Establishing a relationship

Once you have contacted the school and piqued their interest, plan a meeting. Ask your contact who they think should attend the first meeting. Should the principal (or other decision maker) be encouraged to attend? Should the first meeting be an information session that involves all staff? Or should the first meeting be informal, with just the contact person and a representative of the planning committee, to explain the program and assess the similarities between the program and what the school is already doing?

Depending on what you have sent out in advance, you may want to bring some of the materials identified above to the first meeting. The outline of the presentation will be particularly useful to help you illustrate the different components of the program. It will also help explain how the members of the planning committee participate in the awareness presentation.

What they need to know.

At this point, explain the importance of preparation and follow-up activities that should take place in the classroom, before and after the presentation. It is important to understand that teachers have great demands on their energy and classroom time because of new Ontario curriculum requirements. By focusing on the ways the awareness program complements the curriculum guidelines (and having the documentation to prove it), teachers will be more receptive to your request.

To illustrate the connection between the curriculum and the awareness program, you might want to bring along copies of the relevant sections of the new Ontario Curriculum Guidelines (found in Appendix A of the *Teacher's Resource*), and the program components (contained in Appendix A: Outline of the Program, found in this guide) that teachers can use before and after the presentation. This will give teachers a sense of the amount of classroom time that should be devoted to the program. Although it would be ideal to devote at least four periods to the program (two for preparation, one for the presentation, and one for follow-up activities), the program can be adapted to fit a shorter format.

WHAT YOU NEED TO KNOW.
Use the school meeting to determine the concerns of students and staff in the area of mental illness. You can use the School Information Survey contained in the Tools section at the end of Part 3 to guide your discussion. The purpose of this discussion is to become familiar with how mental health or mental illness issues are viewed by the school and the surrounding community. It is extremely important to find out some of these details to understand the culture of the school. It will allow your group to tailor the presentation and ensure its relevance to your particular audience.

Tips for promoting your program to schools

USE YOUR NETWORKS TO ESTABLISH CONTACTS WITH SCHOOLS.
If a member of the group has an "in" with a particular school or teacher, take advantage of this connection. An insider will help you introduce the program to the right people.

STRESS THE PROGRAM'S APPROPRIATENESS FOR THE CURRICULUM GUIDELINES.
The curriculum for secondary schools presents many opportunities, both informal and formal, for teachers to teach about mental heath and mental illness.

The formal opportunities are found in two main areas of the Ontario secondary school curriculum — health and physical education, and the social sciences and humanities. The particular courses in which there's a good fit are listed in Appendix A of the *Teacher's Resource*. You can indicate to teachers that the relevant sections of the Ontario Secondary School Curriculum Guidelines for these courses are in bold typeface, so that they will easily be able to see the fit.

SHOW TEACHERS THAT THE PROGRAM WILL HELP THEM MEET THE CURRICULUM REQUIREMENTS.
Presenting the curriculum information to school representatives when you first meet with them helps to show that the awareness program is not an add-on, but a way of helping teachers meet existing curriculum requirements for a number of courses. The activities contained in the *Teacher's Resource* are a student- and teacher-friendly way to meet the requirements of the mental health education curriculum.

HIGHLIGHT ADDITIONAL OPPORTUNITIES TO ADDRESS INFORMATION ABOUT MENTAL ILLNESS IN THE CLASSROOM.

Informal opportunities or "teachable moments" occur across the curriculum. For example, in English class, the experience of a character in a novel can be used to explore the attitudes expressed by society toward mental illness. In art, students can view the work of artists who have experienced mental illness and discuss the potential connection between their illness and the creative process. These courses and others provide easy entry points for discussion about how beliefs, attitudes and knowledge about mental illness have changed over time.

MAKE LINKS TO THE BROADER COMMUNITY.

Teachers can also take advantage of events in their school and community to encourage thoughtful discussion about mental health and mental illness. This can be an effective way of increasing students' knowledge about mental illness and their awareness that mental illness affects all members of society. Some of these opportunities, such as Mental Illness Awareness Week, and Walk for Schizophrenia, are outlined in Section 3.3, "Promoting Your Program with the Local Media."

EMPHASIZE THE FLEXIBILITY OF THE PROGRAM.

Although it would be ideal to devote at least four to five class periods to the program, a condensed format can also be effective.

BUILD SUPPORT FOR YOUR PROGRAM.

Get to know what other service providers work in the schools, such as youth counselling and public health. These groups can help support your efforts to bring the program into the school.

3.2 PROMOTING YOUR PROGRAM IN THE COMMUNITY

In order for your awareness program to take hold in your community, people have to know about it. By engaging and educating them, you will be able to help change attitudes and behaviours toward people with mental illness.

Reaching out

The best way to publicize the program will vary from one community to the next. Use or adapt any of the following ideas to get people interested.

- Place notices in community calendars about upcoming information sessions. Ask community groups to print free announcements in their newsletters or other publications.
- Post flyers advertising information about your program on community bulletin boards or in high-traffic areas like grocery stores, community health centres, doctors' offices, hospitals, laundromats, day cares, schools, libraries, churches and other local organizations.
- Ask your minister, priest, rabbi or other religious leader to mention your awareness program during services, or have details printed in church bulletins.
- Invite your mayor or other well-known public leaders to participate in or attend an information session. Involving public and community leaders may help establish popular interest and support.

Reaching wider audiences

Although the program has generally focused on youth in secondary school, there are a number of other places where the program could be of value. Think about getting in touch with potential community partners such as after-school recreational clubs, churches, community centres, and Big Brothers and Big Sisters organizations.

3.3 PROMOTING YOUR PROGRAM WITH THE LOCAL MEDIA

Another way to let people in your community know about your activities is through the media. Besides informing a larger audience about what you're doing, the media can add momentum to your efforts and provide the kind of coverage and recognition you'll need to keep you going.

Making contact

The first step is to make contact with the people in your community who work for newspapers, radio and television. There may be one key contact to provide advice on whom to call, how to make your story newsworthy and how to get the kind of attention you want.

It important that members of your group take the time to develop a clear sense of what you want to accomplish by working with the media. Designate a specific person in your group to deal with the media, both to stimulate interest and to respond to enquiries. Before a spokesperson from your group does an interview with a media representative, make sure you've prepared a clear set of messages about the impact of stigma on people's lives and about the program itself.

Creating a press release/community announcement

Your initial contacts may suggest you send out a press release to publicize your program. There

may be several points during the program when issuing a press release would be helpful:

- when your group first comes together, a press release will help you publicize your goals and recruit new members
- when you are putting on the first presentations in a local school.

To create a powerful press release, there are a few things you should keep in mind:

- Editors often have to shuffle through hundreds of press releases every day. If you create a strong, newspaper-like headline, you will have a better chance of being noticed.
- The first sentence should contain the most important facts of your story. The rest of the release should answer who, what, where, when and why.
- Clearly indicate a contact name and a phone number for more information.
- Keep it short — one to two pages, double-spaced.
- If you have a logo for your program, make sure your press release and accompanying materials are printed on letterhead that displays your logo.
- It is best to send out a release after making personal contact with the person who will be receiving it.

A sample press release is included in the Tools section at the end of Part 3.

Tips for working with local media

PRACTICE YOUR BLURB.

For regular radio and TV news, you will have 15 to 30 seconds to make a statement. Practice what you want to say before you get behind the microphone.

WRITE A LETTER TO THE EDITOR.

Writing a letter to the editor of your local newspaper is a good way to get publicity. Your group may want to respond to a recent news item that relates to the impact of stigma on people's lives.

LINK YOUR ACTIONS TO OTHER NEWS EVENTS.

Your program will have a better chance of being covered if it ties into other news events: Mental Health Week, Mental Illness Awareness Week, hot issues, current events, and so on. Each year there are several designated days and weeks for the awareness of mental health and related issues. During these times, the media are on the lookout for stories and special events to commemorate these designations. This is an excellent time to get the message out about the awareness program. Special interest articles in newspapers or small promotional ads about the program can give your coalition a lot of exposure.

MENTAL HEALTH WEEK, co-ordinated by the Canadian Mental Health Association, is usually held during the first full week of May. The purpose of Mental Health Week is to increase the public's awareness of mental health, deliver mental health information and reduce the stigma of mental illness.

MENTAL ILLNESS AWARENESS WEEK, held during the first full week of October, is sponsored by the Canadian Psychiatric Association. It attempts to raise awareness that mental illness is real, diagnosable and treatable. Thursday, during Mental Illness Awareness Week, is National Depression Screening Day, where participating organizations set up locations offering communities screening and information. For further information, please refer to the Web site at http://www.cpa.medical.org/MIAW/Miaw.asp

WORLD MENTAL HEALTH DAY is an international event that often coincides with Mental Illness Awareness Week. The campaign is co-ordinated by the Health Education Authority in Britain and aims to reduce fear and anxiety about mental health problems, to challenge damaging stereotypes and to give a voice to people's experiences.

CHECKLIST

- ☐ You have made initial contact with a number of secondary schools in your community.
- ☐ You have met with school staff to discuss the program.
- ☐ You have described who is in your group and provided background information on the program.
- ☐ You have stressed the link between the goals of the program and the curriculum guidelines for mental health education.
- ☐ You have provided school staff with an information package about the program.
- ☐ You have made contacts with local media and are working with a media representative to promote your program.

FOR FURTHER READING

Canadian Psychiatric Association. *Mental Illness Awareness Week Guidebook*. Available on-line at: http://www.cpa.medical.org/MIAW/Miaw.asp
For more information, call: (613) 234-2815.

Whitman, A. Making friends with the media. *Community Tool Box, 25, (2)*. Available on-line at: http://ctb.lsi.ukans.edu/ctb/c25/c25s2

This section of the *Community Tool Box* provides information on how to develop a positive relationship with the media, which will benefit your program. It lists the pros and cons of different media to help you choose the best ones and increase public awareness of your group.

Ryan, C. (1991). *Prime Time Activism: Media Strategies for Grassroots Organizing.* Boston: South End Press.

This book includes information on areas such as planning a media strategy, mainstream notions of what's newsworthy, how to create news leads, and how to develop good working relationships with reporters.

TOOLS

- School Information Survey
- Sample Letter to a School
- Sample Press Release
- Sample Public Service Announcement

SCHOOL INFORMATION SURVEY

Discussing the following questions with a school representative (such as a principal, vice-principal or teacher) will help your group find out more about the context of mental health issues in a particular school. Several student representatives should be invited to participate in this discussion because it provides a good opportunity to develop student interest and participation in the project. This discussion should take place when the school has already expressed interest in participating in the program.

- What are you currently teaching about mental health and mental illness? Who is providing this teaching? In what courses is it being covered?

_____

- What are the major cultural/ethnic groups present in the school?

_____

- Has anything happened in your school or community recently that would influence people's perceptions of mental health and illness issues (e.g., suicide attempt)?

_____

- Have there been any serious problems associated with drug use in the school or the community (e.g., overdose, hospitalization)?

_____

- What is the role of your guidance department in providing support to students? Does the school have a protocol for responding to students with mental health concerns?

_____

- Has the school hosted any special events or speakers recently that have caused the school concern? What were the concerns? How might they be avoided in the future?

_____

- What particular topics relating to mental health and illness are students most interested in learning more about?

_____

SAMPLE LETTER TO A SCHOOL

You can adapt this template to help you make contact with local schools.

date
address of school or school board

Dear **(name of principal, vice-principal or teacher)**

Please find the enclosed information package on "Talking About Mental Illness," an innovative and effective mental illness awareness program. The purpose of the program is to provide students in Grade 11, 12 and OAC with information about mental illness and to raise awareness about the impact of the stigma that surrounds it.

The enclosed information package includes: an outline of the program's components and activities, a summary of the results of the program's evaluation, comments from teachers and students who have participated, and a description of what the program offers students.

The program directly addresses the new Ontario Secondary School Curriculum Guidelines requirements for a number of courses within physical and health education and general social sciences and humanities. Excerpts of the relevant sections of the curriculum guidelines are also included in this package.

The program involves classroom activities and an in-class presentation. In the presentation, people who have experienced mental illness share their stories with the students, providing an autobiographical account of what it is like to live with a mental illness. Through the presentation, students learn that people with mental illnesses are neither violent nor incompetent, and that in one student's words, "they are just like everybody else."

In **(name of your community)**, a community coalition, including members from **(your partner organizations)** is currently organizing this program. A member of our coalition would like to meet with you to discuss working with your staff to bring the benefits of the program to your students.

Sincerely,
(names of organizing committee members)

SAMPLE PRESS RELEASE

You can adapt and use this template to create press releases for your project.

(program logo here)

(headline:) Community help needed to educate young people about mental illness

FOR IMMEDIATE RELEASE, **(name of your town/city), (date)**

Symptoms of severe chronic forms of mental illness — such as schizophrenia, bipolar disorder, panic disorder and obsessive-compulsive disorder — most often begin to appear between the ages of 16 to 24. Yet, the myths, misunderstandings, fear and stigma that surround mental illness frequently prevents young people from seeking and getting the help they need. Several organizations in **(name of your community here)** are attempting to increase young peoples' understanding and awareness of mental illness through an innovative educational program.

(the following is a quotation we used — you may want to get a similar statement from a mental health professional in your own community:) "Young people are at a very sensitive time in their development. Learning about mental illness is key not only for their own health, but to reduce the stigma for friends, family members and others in the community who experience these problems," says Rozsa Guylay, Nurse Case Manager, and Co-ordinator of a mental health awareness program for youth, at the Centre of Addiction and Mental Health in Toronto.

The program, entitled **(name of your program here)**, provides secondary school students with the opportunity to hear the personal stories of community members who have experienced mental illness. The program also provides information about local mental health-related resources that can provide support and help to youth coping with their own, or a family member or friend's mental illness.

Members of **(name of your organization here)**, representatives from the Centre for Addiction and Mental Health, the Canadian Mental Health Association, the Mood Disorders Association of Ontario, and **(name of other organizations)** are already working together to co-ordinate the project, but they need your help to organize and raise resources.

A public information session on the **(name of your project)** will be held at:

DATE AND TIME:

LOCATION:

ADDRESS:

All interested community members are invited to attend. Come and learn how to make a difference in the lives of young people and those with mental illness in **(name of your community here)**. To find out more about how you can help, contact **(contact names, office telephone numbers)**.

-30-

("30" indicates the end of a press release)

MEDIA CONTACT:

NAME:

YOUR ORGANIZATION:

PHONE NUMBER:

SAMPLE PUBLIC SERVICE ANNOUNCEMENT

(program logo here)

Media Release

FOR IMMEDIATE RELEASE, **(date)**

The **(name of your program here)** will be holding a mental health public information session. The session is for people interested in helping organize an educational program that provides secondary school students with the opportunity to hear the personal stories of community members who have experienced mental illness. The program also provides information about local mental health-related resources, which can provide support and help to youth coping with mental illness — for themselves, a family member or a friend.

The public information session will be held:

DATE AND TIME:

LOCATION:

ADDRESS:

Call for more information:

MEDIA CONTACT:

NAME:

YOUR ORGANIZATION:

PHONE NUMBER:

PART 4: THE PRESENTATION

After all the hard work you've put into getting people together, planning and organizing, you're ready to think about the presentation itself. This section focuses on ways of making sure that the presentations your group has organized are effective and that everyone benefits from his or her participation.

4.1 WHAT DO WE KNOW ABOUT EFFECTIVE AWARENESS PRESENTATIONS?

Focusing on the experiences of people with mental illness and their families

In each of the three communities where the program took place, a slightly different presentation format was used. Some used a video to introduce speakers and others used a variety of overheads and activities to complement the speakers. Others included only a brief introduction and devoted the rest of the session to the presenters.

After the presentations had taken place, and formal and informal assessments were conducted, students, presenters and organizers agreed that the most valuable component was the speaker's stories. People consistently recommended that, given the limited time, the speakers should be given priority over the other components of the presentation. This would ensure the presenters had enough time to

In Kingston, each presentation turned out slightly different because there were a variety of speakers and students, and different school settings. The format, however, was fairly consistent —

people who had experienced mental illness and family members told their stories, then the floor was opened to questions from the students.

tell their stories and would allow enough time to address students' questions.

Preparation and follow-up activities

If the presentation is devoted almost entirely to the speakers, time needs to be spent preparing students for the presentation. The accompanying guide, *Teacher's Resource*, contains examples of concrete activities that teachers can use before and after the presentation.

4.2 GUIDELINES FOR SUCCESSFUL PRESENTATIONS

In this section, we look at ways of ensuring an effective presentation by outlining the tasks that should be accomplished before, during and after the presentation. There are two parts: one for organizers and one for presenters. The section for teachers is located in the accompanying guide, *Teacher's Resource*.

The sections can be photocopied and distributed to the appropriate people to help them prepare for, and carry out, an effective presentation.

FOR ORGANIZERS

Organizers have a big job. They must keep on top of the details and logistics of the presentation, as well as make sure it goes smoothly. They act as the liaison between the schools, teachers and presenters, and as the ongoing contacts for the program.

The following is a list of tips and recommendations for organizers that we gathered from those who planned and delivered presentations in their own communities.

Tailoring the presentation

It is important to tailor the presentation to your audience. Using the School Information Survey

in the previous chapter will help you make sure the presentation is relevant to the audience. It will also help your presenters prepare for specific questions and concerns that may come up. Keep in mind the knowledge and maturity level of your audience.

Supporting the presenters

Presenters need support in preparing their presentations. Members of the organizing group can help by acting as an audience during rehearsals, providing suggestions and feedback that will help focus presenters' stories. The information gathered about the specific context of the school will help the presenters tailor their stories.

In Hamilton, several of the presenters were quite young and didn't have a great deal of experience with public speaking. The group helped the presenters structure their stories and provided information on general presentation skills. The presenters then had a practice run at telling their stories, with a few members of the coalition participating by offering support, feedback and guidance.

Preparing for the unexpected

Have backup speakers, just in case one of your scheduled speakers can't make it.

In Kingston, the representative from Mood Disorders Association used her connections to arrange for speakers, both mental health professionals and people who had experienced mental illness. A number of people agreed to act as backup speakers, which proved very helpful when, on the day of the presentation, one of the scheduled speakers was not able to participate.

Organizing the logistics

The ideal number of presenters per day is two or three, but four can also work well, depending on how much time you have. Each presenter should be given at least 10 minutes to tell his or her story and you should allow five minutes or so between presenters so students can ask questions.

Leave enough time at the end of the presentation for student's questions — at least 15 minutes. Some students may feel more at ease asking questions directly to the presenters, without having their question heard by the whole group. Try to provide this opportunity by ensuring there are at least 10 minutes of informal time at the end of the question-and-answer period.

The physical set-up of the room is quite important. Make sure the presenters feel comfortable and that students will be able to hear and see them well. Make sure the space is big enough so people won't feel confined, but small enough so that a sense of intimacy is possible.

Sample timeline for organizers

BEFORE

Two months before:

- Make sure there are several back-up presenters in case a scheduled presenters is unable to take part.

- Provide support to presenters and help them develop their stories. Remind them to structure their story chronologically and to make their presentation relevant to a youth audience.

- Check in with teachers to make sure they have scheduled the preparatory learning activities and to see if they have any further resource needs.

- Remind teachers of the importance of having a school guidance counsellor or social worker attend the presentation to follow up on students' concerns (should any arise during the presentation) — or arrange to have a mental health professional from the coalition available to provide appropriate support and follow-up.

One month before:

- Prepare a list of local mental health resources.

- Collect resources for an information display table at the presentation.

Two weeks before:

- Phone presenters to remind them of the date and time of the presentation, and to see how their presentation is coming along.

- Ask presenters if they would be interested in, or available for, a debriefing session after the presentation. If so, make necessary arrangements.

One week before:

- Contact the teacher who will be hosting the presentation and go over any last-minute concerns.

- Make sure there is space available to have a debriefing meeting after the presentation.

- Co-ordinate transportation needs of the presenters.

One day before:

- Remind presenters of the time and location of the presentation, and where in the school they will meet beforehand.

THE DAY OF

- Arrive an hour early to make sure the room is set up properly.

During:

- Introduce the program, the speakers and the committee members who are present.

- Make sure things are running on schedule.

- Facilitate the question-and-answer period.

AFTER

- Follow-up with teachers.
- Collect evaluation results.
- Write thank-you letters or cards to teachers and school contacts.

FOR PRESENTERS

People who have experienced mental illness are the key members of the group. Your input will be extremely valuable throughout the process of developing and implementing the program, not just during the presentations. Your experience will help the group think about issues, such as the kind of language that should be used when talking about mental illness and the people who are affected by it; the role mental health professionals should play in the presentation; and the amount of time given to different aspects of the presentation.

The following is a list of tips and recommendations for presenters. The ideas and suggestions come from a range of individuals who have spoken to different audiences about their experience with having a mental illness.

Thinking about your audience

As you plan your presentation, think about your audience. How old are they? What do you know about their interests and concerns? Has anything happened at their school, or within the community, that will affect how they react to a discussion of mental health and mental illness? (The organizers of the presentation will be able to give you some of this information. In their meetings with the school, they will have gathered background information about the students, the school and issues that may be of concern.)

Think back to your own experiences as a teenager. What was it like for you when you were their age? What was going on for you socially, emotionally, academically and in your family? Were there any indications that you were developing a mental illness at that time? Providing your young audience with examples and experiences they can relate to will help them get the most out of your presentation.

Considering your messages

What kind of messages do you want your audience to take away from your presentation? In a typical presentation, three or four individuals will share their stories about their experience with mental illness and stigma. Time will be limited — you may want to think about emphasizing two or three points and tying these to your individual experiences.

Talk about your experiences but recognize that some issues need to be discussed carefully to

avoid unintentionally giving students information that may instruct them on how to carry out harmful behaviours. For example, avoid giving detailed information about suicidal feelings or attempts. If you talk about the experience of eating disorders, exclude specific information on how purging and other weight-loss strategies are carried out.

Become familiar with the stories of the other presenters. This will help you avoid repetition and provide opportunities for you to support one another and to share your perspectives on common experiences.

Make your presentation informative. Incorporate a few relevant statistics or facts about mental illness into your presentation; it will ground your experience within a broader context. Do this in a way that will grab the attention of your audience.

Planning what you want to say

Think about what, and how much, you want to share with the audience. It is up to you what you include and what you leave out. If someone in the audience asks you a question about something you are uncomfortable discussing, it is acceptable to say you do not want to talk about that issue, or that you prefer not to answer the question. Rehearse ways of saying no.

A good way to get going on your presentation is to make a few notes. Think about the experience you have had with mental illness and try to organize the information chronologically. When did you first begin experiencing symptoms of mental illness? How old were you at the time? What else was going on for you at that time socially, emotionally, with your family? How did you feel about what was happening to you? How and where did you get help? Was the treatment regime prescribed for you a "fit" from the beginning, or did you try different things at different times? How did the stigma associated with mental illness affect you?

Involving others

After you have made a few notes, get input from other people. Tell your story, using your notes as a guideline. Have someone time you and provide feedback on the content.

You may find it worthwhile to get feedback from family and friends. There may be important things about your experience you have left out, or perspectives on situations that are different from yours and valuable to include.

A speaker associated with the Kingston awareness program illustrated the incidence of schizophrenia in the general population in the following way. He began his presentation by asking how many students were in the school. Then, using the statistic that one in 100 people may develop schizophrenia, he applied this formula to the population of the school and came up with an estimate of how many of their peers might eventually develop schizophrenia. This strategy helped students make the connection between their own experience and a statistic about mental illness.

Now it is time to write down what you are going to say in more detail. If you are a comfortable speaker, write down the main points of your story on an index card to use as a reference during your presentation. If you are not comfortable with public speaking, you may feel more comfortable with a script.

Sample timeline for presenters

BEFORE

Two months before:

- Confirm your participation in the awareness presentation.
- Confirm the location of the presentation, the date and the audience. Also confirm when and where you should meet the other presenters and whether there will be a meeting to debrief afterwards.
- Begin developing your presentation.
- Meet with the other presenters and get to know what they will be talking about.
- Attend a planning committee meeting. At this meeting, you will provide input on issues that are important to you, such as:
  - the content of the presentation
  - the role mental health professionals, consumers and family members will play in the presentation
  - how the room will be set up
  - other issues that are important to you.

One month before:

- Make arrangements for travel to and from the presentation.
- Complete your presentation notes and get input from friends, family and others.
- Begin rehearsing your presentation.

One week before:

- Call the main contact on the planning committee to check for changes to the location, start time, and expectations around your presentation.

One day before:

- Double check arrangements with the main contact on the planning committee.
- Ask for a wake-up call, if necessary, the day of the presentation.

DURING

- Remember that you don't have to answer any questions that you don't feel comfortable with.

AFTER

- Reconnect with the group to share ideas about how the presentation went, and what to change for next time.
- Stay in touch with the group — group members can be a good source of support for yourself and others.

TOOLS

- Sample Introduction
- Key Questions for Structuring Presentations

SAMPLE INTRODUCTION

(From the Kingston program)

"Hello everyone and welcome to our panel on mental illness. The purpose of our panel is to clear up some of the misconceptions and myths we have about people with mental illness.

There are many falsehoods about those of us who suffer from a mental illness. First of all, any mental illness is a physical illness in the sense that it is the brain, a part of our body, which is not working properly.

Other myths that are common in our society are that people with mental illness tend to be violent, that poor parenting causes schizophrenia, that mental illness is contagious, and that all homeless people are mentally ill.

In Ontario, we tend to think of the mentally ill as marginalized people who cannot hold jobs or contribute to society. I suffer from depression and an anxiety disorder, but with medication and therapy, I have successfully completed a 30-year teaching career, and have helped raise and put three children through university.

You may not realize it, but many famous people throughout history have suffered from various mental illnesses: Abraham Lincoln, Winston Churchill, Kurt Cobain, Charles Schultz and Robin Williams— just to name a few. These people have certainly contributed to and enriched our society.

Today we are participating in a program sponsored jointly by the Centre for Addiction and Mental Health, the Canadian Mental Health Association, and the Mood Disorders Association of Ontario. As I mentioned, the purpose of the panel is to clear up some of the falsehoods regarding people who have mental illness. To do this we will hear the stories of two people this morning — one who has clinical depression and one who has schizophrenia. Tomorrow we will hear from three more people — one who has bipolar disorder, one who has an eating disorder, and one person who will tell us what it is like to live with a family member who is mentally ill.

Presenters will take about 15 minutes to tell their story. Following each story we will have a five-minute question-and-answer period. If there is time at the end, we can hopefully have a general question and answer period.

At this time I would like to introduce our first speaker."

KEY QUESTIONS FOR STRUCTURING PRESENTATIONS

For people who have experienced mental illness

- How old were you when you first experienced symptoms of mental illness?
- What was your life like before the onset of your symptoms of mental illness?
- What was your experience when you had your first signs of an illness?
- How did the people around you react to your illness? Family, friends, co-workers, students...
- What kind of support did you find most helpful?
- What has been your experience with stigma?
- What are your current goals, or achievements or challenges?

Add other questions as appropriate.

For family members

- How old was your family member when he or she first experienced symptoms of mental illness?
- What was life like with (family member) before the onset of the symptoms of mental illness?
- What was your experience when (family member) showed the first signs of illness?
- How did the people around you react to (family member's) illness? Family, friends, co-workers, students...
- What kind of support did you find most helpful?
- What has been your experience with stigma?
- What is life with (family member) like now?

Add other questions where appropriate.

PART 5: EVALUATION

5.1 WHY EVALUATE?

Since you and everyone involved put a lot of time and effort into organizing and implementing the program, you probably want to know how well it worked. Did the students learn anything? How did the program affect their knowledge and attitudes? What did they particularly like or dislike about the experience? What would you change if you were to do it again?

Summary and results of past evaluations

Evaluations were conducted of the original Beyond the Cuckoo's Nest program at the Clarke Institute of Psychiatry and later of the CAMH and partner programs in the three communities. The results of the evaluations conducted in the pilot communities are summarized below.

In the spring of 2000, 278 students from eight secondary schools in the three pilot communities completed evaluation questionnaires. In all cases, school personnel implemented the evaluation. In some schools, students were surveyed before and after the presentation; in others, they were only surveyed after the presentation.

The pre-test measured students' knowledge about mental illness and their attitudes toward mental illness and people with mental illness. The post-test measured their knowledge and attitudes after the presentation. Students were also asked to rate the presentation.

Results

In almost all cases, knowledge scores increased significantly following the presentation. Attitudes become more positive toward people with mental illness, but they weren't completely transformed.

This is consistent with what we know about how difficult it is to change attitudes in a short period of time, and from a single intervention. In the Comments section, students most often wrote that the most important part was the chance to hear people tell their own stories and to have their questions answered.

The following are typical comments about what the students liked best about the presentation:

- "It was real people with real stories, not second-hand information."
- "I was able to hear different stories and the speakers were very open and answered our questions."
- "I think that the stories were touching. They made me realize that mental illness is as serious as physical illness."
- "The interviews were useful because they helped me understand how people with mental illness cope with their condition."
- "I liked talking with the person who had experienced a mental illness, and the family member."

There was less consistency in comments about what was disliked; it depended on the make-up of the presentation they attended. The following are some examples:

- "I think with people my age they should have talked more about eating disorders and how we could prevent them."
- "The presenters should have talked longer and should have had more question time."
- "I didn't like that the presenters read the information on the overheads instead of explaining it."
- "Three people came in to talk about the same disorder (manic depression)."

Copies of the student and teacher questionnaires used to evaluate the presentation are included in the Tools section at the end of Part 5.

5.2 EVALUATING YOUR PROGRAM

It's up to you to decide how much evaluation you want to undertake. The tools included in this guide were developed by the Centre for Addiction and Mental Health during the pilot phase of the project. You are free to use them in your community. It might be helpful to consult with local resources such as community colleges and universities, as well as seeking support from coalition members to tabulate and interpret the evaluation results.

If you use the pre- and post-tests, it's best if the pre-test is conducted approximately one week before any of the preparatory learning activities and under teacher supervision. It is important to complete the post-test within a week or two of the presentation, after the follow-up activities.

It is important to complete the identifying information on the top of the pre- and post- student questionnaires. This will make it possible to match students' responses and compare them before and after the presentation.

Using evaluation to sustain your program

As your program gains popularity, the results of the evaluations can help encourage other teachers and schools to host the program. Schools may be more willing to include the program when they learn other students have favourably received it. Teachers' responses can also be helpful in opening up new opportunities for your program; teachers like to hear how other teachers incorporated the program into their courses and what their overall impressions were.

Make sure to communicate the results of your program evaluation to those that have

participated in the program. Teachers and students will appreciate hearing about the outcomes; they'll feel their investment of time was worthwhile. It can also provide an opportunity to keep in touch with the school and promote additional opportunities for collaboration.

In North Bay, the coalition members felt that working together had been both enjoyable and successful. The group is continuing to build on the networks that the program helped to strengthen, and is currently organizing a number of presentations to local schools this fall.

Positive evaluations also help sustain the efforts and energy of your coalition. Make a summary of the key findings, including written comments. Don't ignore the critical comments. They can be essential to improving the program.

Feedback does not only happen through formal evaluations. Comments received from teachers and students and members of your committee can be equally valuable.

Tips for successful evaluations

RELIABLE RESULTS COME FROM CORRECT IMPLEMENTATION AND RELIABLE MEASURES.

The evaluations included in this section have been tested to ensure they will provide valid measures of students' knowledge and attitudes about mental illness.

Remember to follow the guidelines on correctly administering the evaluations. If you're going to do a pre- and post-test, it is best to conduct the pre-test approximately one week before any of the preparatory learning activities have been completed in the classroom, and under teacher supervision. The post-test should be completed a week or two after the presentation, and after the follow-up activities.

CREATE ENTHUSIASM.

Remind participants that their responses will have a direct influence on the program's development, and will help to improve the program for the future.

SHARE YOUR RESULTS.

Communicate the results of your evaluation to those who have participated in the program. Teachers, students, principals and presenters will appreciate hearing about the outcomes and feel their participation was worthwhile.

Don't forget to share the results with everyone who contributed support and resources.

PRESENT THE INFORMATION IN TIME FOR IT TO BE USEFUL.

If you wait too long to inform people, they may lose interest. Get the word out while there is still a buzz and it is still fresh in people's minds.

Timing for presenting results is key. Make sure it is in time for the program to be considered for the following school year.

MAKE SURE THE INFORMATION IS CLEAR AND EASILY UNDERSTOOD.
Present your information so that someone who has never heard of your project would understand. Avoid using jargon and tell the story clearly, beginning with a summary of the project. Keep it short and make it interesting by highlighting some quotes and comments from participants.

PROVE IT.
Support your recommendations with evidence gathered through your evaluation. Quotations from participants can be just as powerful as numbers.

USE POSITIVE RESULTS TO PROMOTE THE PROGRAM.
You may want to approach contacts in the local media about doing an article that highlights the results of the evaluation.

CHECKLIST

- ☐ You have discussed the importance of evaluation with school staff and received permission to administer the evaluation.
- ☐ You have made sure the evaluation has been correctly implemented.
- ☐ You have tabulated the results of the evaluation soon after you received them.
- ☐ You have developed a summary of the evaluation results, making sure not to reference individuals' names or other identifying characteristics.
- ☐ You have developed a list of everyone you will share the results with.
- ☐ You have communicated the results to everyone on your list.
- ☐ You have used the positive results of the evaluation to continue to promote the program.

TOOLS

- Student Evaluation — Pre-test
- Student Evaluation — Post-test
- Teacher Evaluation

On the following pages you will find three evaluation forms to photocopy for the students and teachers in the program.

Talking about Mental Illness

STUDENT EVALUATION — PRE-TEST

Today's Date: _____ School: _____

Teacher's Name: _____ Subject: _____

Female ☐ or Male ☐ Birth Date: Day ____ Month ____ Year ____ Grade: ____

A. Please indicate how much you feel you **KNOW** about each of the following. Circle the number that best describes your knowledge.

	None	A little	Some	A lot
1. mental illness in general	1	2	3	4
2. how people cope with mental illness	1	2	3	4
3. different approaches to help persons with mental illness	1	2	3	4
4. what it is like to have a mental illness	1	2	3	4
5. what it is like to have a family member with mental illness	1	2	3	4
6. the causes of different forms of mental illness	1	2	3	4
7. how to recognize signs of mental illness	1	2	3	4
8. different training and career paths mental health workers have	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly disagree	Disagree	Agree	Strongly agree
1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4
4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents.	1	2	3	4
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1	2	3	4
6. People with mental illness are, by far, more dangerous than the general population.	1	2	3	4
7. Mental health facilities should be kept out of residential neighbourhoods.	1	2	3	4
8. Even if they seem OK, people with mental illness always have the potential to commit violent acts.	1	2	3	4
9. It is easy to recognize someone who once had a serious mental illness.	1	2	3	4
10. The best way to handle people with mental illness is to keep them behind locked doors.	1	2	3	4

THANK YOU

Talking about Mental Illness

STUDENT EVALUATION — POST-TEST

Today's Date: _____ School: _____

Teacher's Name: _____ Subject: _____

Female ☐ or Male ☐ Birth Date: Day _____ Month _____ Year _____ Grade: _____

A. Please indicate how much you feel you **KNOW** about each of the following. Circle the number that best describes your knowledge.

	None	A little	Some	A lot
1. mental illness in general	1	2	3	4
2. how people cope with mental illness	1	2	3	4
3. different approaches to help persons with mental illness	1	2	3	4
4. what it is like to have a mental illness	1	2	3	4
5. what it is like to have a family member with mental illness	1	2	3	4
6. the causes of different forms of mental illness	1	2	3	4
7. how to recognize signs of mental illness	1	2	3	4
8. different training and career paths mental health workers have	1	2	3	4

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly disagree	Disagree	Agree	Strongly agree
1. Most people with a serious mental illness can, with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4
4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents.	1	2	3	4
5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes.	1	2	3	4
6. People with mental illness are, by far, more dangerous than the general population.	1	2	3	4
7. Mental health facilities should be kept out of residential neighbourhoods.	1	2	3	4
8. Even if they seem OK, people with mental illness always have the potential to commit violent acts.	1	2	3	4
9. It is easy to recognize someone who once had a serious mental illness.	1	2	3	4
10. The best way to handle people with mental illness is to keep them behind locked doors.	1	2	3	4

C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
1. The classroom activities and presentations held my attention.	1	2	3	4
2. I learned a lot from the presentations.	1	2	3	4
3. The presentations are a good way to learn about mental illness.	1	2	3	4
4. It is valuable for students to be able to ask presenters questions.	1	2	3	4

	Strongly disagree	Disagree	Agree	Strongly agree
5. The experience of the presenters was relevant to people my age.	1	2	3	4
6. I learned some new information about mental illness.	1	2	3	4
7. I feel better about my ability to talk with someone with mental illness.	1	2	3	4
8. I feel that I know more about the emotions experienced by someone who has a mental illness.	1	2	3	4
9. In the future, I will feel more comfortable when I meet people with mental illness.	1	2	3	4
10. I would recommend this program to a friend who hasn't participated in it.	1	2	3	4

D.

1. What I liked **MOST** about the program was:

_____

_____

_____

2. What I liked **LEAST** about the program was:

_____

_____

_____

3. If you have any further comments on the program or would like to make suggestions for the improvement of the program, please add them below.

_____

_____

_____

THANK YOU

Talking about Mental Illness

TEACHER EVALUATION

We would appreciate your help in evaluating the Talking About Mental Illness program. Your feedback will help us to improve it for the future.

Today's Date: _____ Grade: _____

School: _____ Name: _____

Date of Program: _____

1. (a) Please name the students' courses that the Talking About Mental Illness program is being incorporated into:

   _____

   (b) Approximately how much time was devoted to the suggested classroom activities **PRIOR TO** the presentation?

   _____ hours

   (c) Approximately how much time did you spend **AFTER** the presentation debriefing?

   _____ hours

   Please describe:

   _____

2. How helpful did you find the classroom activities contained in the *Teacher's Resource*?

   Not at all helpful 1 2 3 4 5 Very helpful

   Please list which activities you used:

   _____

3. In your experience, how closely did the suggested classroom activities complement the curriculum guidelines for your course?

   Not at all 1 2 3 4 5 Very

4. (a) What did you hope your students would learn from participating in the program?

_____

_____

(b) To what extent were your expectations satisfied?

Not at all 1 2 3 4 5 To a great extent

_____

_____

5. Do you feel the choice of presenters (e.g., person with mental illness, family) was appropriate?
Yes ☐ No ☐
Please comment:

_____

_____

6. Do you feel that the classroom setting was appropriate for the presentation?
Yes ☐ No ☐
Please explain:

_____

_____

7. Please make comments and suggestions on the presentation you attended (i.e., length, depth, format, content, etc.).

_____

_____

_____

_____

8. What other tools or activities would you like to see included in the *Teacher's Resource*?

_____

_____

_____

9. Overall, how would you rate the program?

1	2	3	4	5
Excellent	Very good	Good	Satisfactory	Unsatisfactory

10. Any additional comments or suggestions?

_____

_____

_____

_____

THANK YOU

APPENDIX A: OUTLINE OF THE PROGRAM

Teachers can adapt the format of the program to suit their classroom and the amount of time they have available. This chart provides a template from which teachers can select learning activities that address the educational components around which the program is based.

The structure of each component is flexible. Each one contains activities and resources that can be adapted for use in a number of courses. The way teachers use the activities and resources will depend on several things: which course the program is being incorporated into; how much time the teacher has available; and where they are in the course outline when they take part in the program.

Component 1: Stigma: What is it? How does it affect people's lives?

· involves a discussion of stigma and its impact on the lives of people with mental illness

Component 2: What is mental illness?

· provides a basic overview of the major mental illnesses, their causes and treatment

Component 3: The presentation

· organized by the local committee

· conducted within the classroom or secondary school setting

· consists of a variety of speakers, including people with different types of mental illness

Component 4: Follow-up activities and resources

· provides a number of suggestions for: debriefing the presentation, encouraging students to take action, and finding additional information

WHERE DOES TALKING ABOUT MENTAL ILLNESS FIT IN THE CURRICULUM?

Courses such as Challenge and Change in Society and Healthy Active Living Education provide ready-made opportunities to teach about mental health and mental illness. The Ontario Ministry of Education and Training's guidelines for these courses include instruction on mental health issues. The learning expectations are clearly articulated and suggestions for learning activities are provided.

But these are not the only opportunities to raise awareness about mental health. Other courses, such as English, history, philosophy and drama, can also serve as vehicles for teaching about mental health and mental illness. A character in a novel, a piece of poetry or a historical reference are all good starting-points for a discussion.

The following are detailed descriptions of the program's components:

Component 1: Stigma: What is it? How does it affect people's lives?

RATIONALE:

It is helpful to introduce the concept of stigma to students before the presentation and to brainstorm about the ways that mental illness is stigmatized in our society. The tools and activities in this section challenge students to examine their own biases and stigmatizing attitudes, and prepare them to listen with open ears when the presentation comes to their classroom.

EDUCATIONAL ACTIVITIES FOR COMPONENT 1:

· Definitions of stigma
· Free association activity
· Famous people with mental illness
· Art and literature activity
· Case studies that examine the impact of stigma.

Component 2: What is mental illness?

RATIONALE:

Many students do not know the basic facts about mental illness; furthermore, they may have some misconceptions that need to be corrected.

Students benefit from learning about the causes of mental illness and the kinds of treatment that are available. Understanding some of the basic terms about mental illness helps them get the most out of presenters' stories. When they are familiar with some of the language that presenters use,

they are more capable of understanding the personal aspect of presenters' experiences, and feel more comfortable. If this is the case, it is more likely the students will participate by asking questions.

The specific content of the pre-presentation lessons generally include definitions of the major mental illnesses; the incidence of different kinds of mental illness in the population; causes of the most common kinds of mental illness; and the treatments currently available.

The content of this component is fairly complex so teachers may not feel they have enough background or expertise to adequately present the information and answer students' questions. Organizers should work with teachers to ensure they are supported to deliver the content of Component 2 by putting them in touch with local mental health professionals who can help deliver this session.

EDUCATIONAL ACTIVITIES FOR COMPONENT 2

- Fact or Fiction activity
- Mental illness statistics for Ontario
- Understanding mental illness: definitions, causes and treatment
- Auditory Hallucinations activity.

Component 3: The presentation

RATIONALE:

Overwhelmingly, teachers identified the major strength of the program as the opportunity it affords students to interact with people who have been personally affected by mental illness. It provides a unique kind of experiential learning — one that breaks down barriers by bringing the community into the classroom.

The presentation is a central component of the program; it helps put a face on mental illness and reminds students it can happen to anyone. A guide for preparing students for the presentation is included in the accompanying *Teacher's Resource*. Part 4 of the *Community Guide* provides background information on planning the presentation and supporting your speakers to prepare for their role.

Component 4: Follow-up activities and resources

RATIONALE:

Although the speaker's stories reflect his or her experience, the presentation often raises many of the broader issues about the way we treat people with mental illness in our society. Follow-up with discussion and information after the presentation is an integral part of the learning process.

After hearing the presenters' personal stories, students are often eager to talk about what they can do to change how people with mental illness are treated and, more generally, the way mental illness is viewed in society. The session following the presentation provides an opportunity for students to identify their concerns and ways in which they can work to change attitudes and behaviours toward people with mental illness.

Follow-up is also important because, in some cases, students may respond emotionally to the presentation. The experiences of the presenter may prompt students to think about their own mental health and that of their family and friends. Students may disclose a mental health problem or concern to the teacher, often in written work following the presentation.

It is important to anticipate potential student disclosures and/or concerns, and to be prepared to deal properly with these situations. Teachers will need the support of school-based resources (such as guidance counsellors, social workers, nurses and chaplains) the organizing committee, as well as local mental health professionals, to ensure a student's confidentiality is respected, and that the student receives support and information about where, and how, to get help. Organizers will give teachers a comprehensive list of local mental health support services.

EDUCATIONAL ACTIVITIES FOR COMPONENT 4

- Analysis of media coverage activity
- Dos and don'ts
- Support strategies
- Working and volunteering in mental health
- Where to get help
- Awareness poster activity
- Class newsletter/magazine activity.

APPENDIX B: USEFUL MENTAL HEALTH-RELATED WEB SITES

Mental Health Resources for Educators

School Psychology Resources On-line: http://www.schoolpsychology.net

Study Web: Links for Learning: http://www.studyweb.com/science/ment_toc.htm

Teachers First — Guidance Issues, links to teens at risk:
http://www.teachersfirst.com/guidance.htm

General mental health Web sites

Canadian Health Network: http://www.canadian-health-network.ca/1mental_health.html

Canadian Mental Health Association, National Office: http://www.cmha.ca/

Canadian Mental Health Association, Ontario Division: http://www.ontario.cmha.ca/

Centre for Addiction and Mental Health: http://www.camh.net

Internet Mental Health: http://www.mentalhealth.com

Health Canada, Mental Health Web site:
http://www.hc-sc.gc.ca/hppb/mentalhealth/index.html

Mental Health Centre: http://www.health-center.com/english/brain/

National Alliance for the Mentally Ill: http://www.nami.org/

The Self-Help Resource Centre of Ontario: http://www.selfhelp.on.ca/

Children and youth

Bipolar Kids Homepage: http://www.bpkids.org

Breakaway — for youth and adults 13–25 years of age and their families. It deals with concern about the use of alcohol and drugs: http://www.breakawayyouth.org

Anxiety disorders

Obsessive-Compulsive Disorder home page: http://www.fairlite.com/ocd/

Obsessive-Compulsive Foundation: http://www.ocfoundation.org/

Anxiety Disorders Association of America: http://www.adaa.org/

Eating disorders

National Eating Disorder Information Centre: http://www.nedic.ca

Eating Disorders Awareness and Prevention (U.S.): http://www.edap.org

Bulimia Anorexia Nervosa Association: http://www.bana.ca

Information on Eating Disorders: http://members.aol.com/lacillo/eating.html

The Something Fishy Website on Eating Disorders: http://www.sfwed.org/

Mood disorders

Mood Disorders Association of Ontario (MDAO): http://www3.sympatico.ca/mdmt

National Depressive and Manic Depressive Association: http://www/ndmda.org/

Bipolar Disorder Information Centre: http://www.mhsource.com/bipolar/index.html

Dr. Ivan's Depression Central: http://www.psycom.net/depression.central.html

About Bipolar Disorder: http://bipolar.about.com/health/bipolar/

About Depression: http://depression.about.com/health/depression/

National Foundation for Depressive Illness: http://www.depression.org/

Wing of Madness Depression Community: http://www.wingofmadness.com/

Treatment of Bipolar Disorder: A guide for patients and families:
http://www.psychguides.com

Adolescent depression and suicide

You asked about...Adolescent depression — from the Internet Mental Health Web site:
http://www.mentalhealth.com/mag1/p51-dp01.html

The Befrienders — Youth depression and suicide:
http://www.jaring.my/befrienders/youth1.htm

Eclipse Depression and Manic Depression Support Group:
http://www.bfree.on.ca/comdir/medical/eclipse/index.htm

Facts about youth suicide: http://www.emh.org/acadia/su.htm

Focus Adolescent Services — Warning Signs, Information, Getting Help:
http://www.focusas.com/Depression.html

Livingworks: http://www.livingworks.net

Recognizing depression in youth: http://www.extension.unr.edu/teens/depression.html

Suicide Awareness Voices of Education: http://www.save.org/

Suicide Information and Education Centre: http://www.suicideinfo.ca/

Youthwork Links — Emotions and Behaviour — Suicide:
http://www.youthwork.com/healthmentsuicide.html

Schizophrenia

Ian Chovil's Homepage: http://www.chovil.com/

Schizophrenia.com: http://www.schizophrenia.com/

Schizophrenia Society of Canada: http://www.schizophrenia.ca/

The World Psychiatric Association program to fight stigma due to schizophrenia:
http://www.openthedoors.com/

Schizophrenia Digest: http://www.schizophreniadigest.com/

Mental illness and the arts

Centre for Addiction and Mental Health — Images 2000 Exhibit: http://www.camh.net/events/images_2000.html

Dee Rimbaud: http://www.writhe.net/rimbaud/frame.html

First Person: http://www.lstpm.org/

Fire and Reason: http://www.geocities.com/fire_reason/

The Reading Room: http://www.geocities.com/the_reading_room/index.html

National Art Exhibitions by the Mentally Ill: http://www.naemi.org/

Please note: Aside from our own sites, no endorsement of the above Web sites by the Centre for Addiction and Mental Health should be inferred.

APPENDIX C: OTHER USEFUL RESOURCES

Books

A Handbook for the Caregiver on Suicide Prevention. This handbook is intended for teachers, guidance counsellors, social workers, nurses and others working in the field of suicide prevention. Originally published by the Board of Education for the City of Hamilton on behalf of the Council on Suicide Prevention Hamilton and District in 1987 (and updated in 1991), the handbook is currently in the process of being updated and is expected to be available in Spring 2001. For further information on this resource, contact the Suicide Crisis Line, 340 York Blvd., Hamilton ON L8R 3L2; phone (905) 521-1660; fax (905) 521-0785.

Booklets

All Together Now: How families are affected by depression and manic depression. Health Canada and the Canadian Mental Health Association. Free. Call 613-954-5995 for copies.

Bipolar Disorder: An information guide. (2000). Centre for Addiction and Mental Health. $3.00 per copy. To order, call 1-800-661-1111, or 416-595-6059 in Toronto, or send an e-mail to: marketing@camh.net

Consumers Guide to Depression and Manic Depression. 1999. National Depressive and Manic

Depressive Association. Free for single copies. Bulk quantities of 100 cost $20. Call 1-800-826-3632, or go to the Web site at www.ndmda.org

Depressive Illness: An information guide. Centre for Addiction and Mental Health. (1999). $3.00 per copy. To order, call 1-800-661-1111, or 416-595-6059 in Toronto, or send e-mail to: marketing@camh.net

First Episode Psychosis: An information guide. Centre for Addiction and Mental Health. 1999. $3.00 per copy. To order, call 1-800-661-1111 or 416-595-6059 in Toronto, or send e-mail to: marketing@camh.net

Manic Depressive Disorders and When Lithium Does Not Work. (1993). $6.00 per copy. Copies are available from the Mood Disorders Association of Ontario, by calling 416-486- 8046.

Obsessive-Compulsive Disorder: An information guide. Centre for Addiction and Mental Health. (2001). $3.00 per copy. To order, call 1-800-661-1111, or 416-595-6059 in Toronto, or send e-mail to: marketing@camh.net

Schizophrenia: An information guide. Centre for Addiction and Mental Health. (1999). $3.00 per copy. To order, call 1-800-661-1111, or 416-595-6059 in Toronto, or send e-mail to: marketing@camh.net

Schizophrenia: A handbook for families. Published by Health Canada in co-operation with the Schizophrenia Society of Canada. Available on-line at: http://www.hc-sc.gc.ca/hppb/mentalhealth/pubs/schizophrenia/

Pamphlets

The following pamphlets are available from the Canadian Mental Health Association, National Office at www.cmha.ca, or by calling 416-484-4617. The CMHA National Office address is: 2160 Yonge Street, 3rd Floor, Toronto ON M4s 2z3.

Mental Health for Life

How to work toward and maintain good mental health.

Mental Illnesses

An overview of the major mental illnesses and their treatment.

Getting Help: When and How

How to decide if you need help for a mental health problem, and how to go about finding it.

The Myths of Mental Illness

Clearing up the misunderstandings and common fears surrounding mental illness.

Mental Illness in the Family

Issues for people who have a family member with mental illness.

Stress

How to recognize and deal with stress so that it won't damage your health.

Coping with Unemployment

Strategies for maintaining your emotional well-being while you are unemployed.

Feeling Angry?

Learning to control anger, rather than letting it control you.

Preventing Suicide

How to cope if you or someone you know is contemplating suicide.

Grief After Suicide

Coping with your feelings when someone you know has committed suicide.

Schizophrenia

Basic information about the illness and its treatment.

Depression and Manic Depression

The two major mood disorders: their symptoms and treatment.

Grieving

What to expect and how to cope after the death of a loved one.

Children and Attention Deficit Disorders

A discussion of the effects of ADD and ADHD on children and their families.

Children and Depression

Signs and symptoms of depression in children, and how to get help.

Children and Family Break-Up

How to help children cope with the separation or divorce of their parents.

Mental Illness in the Family

Canadian Psychiatric Association, 1-613-234-2815, or http://cpa.medical.org/

Youth and Mental Illness

Canadian Psychiatric Association, 1-613-234-2815, or http://cpa.medical.org/

Alternative formats (CD-ROMS, on-line discussions, audiovisual resources)

MAUVE

Teenagers take to the streets with video cameras in *Mauve*, an interactive CD-ROM created by and for youth today. They meet with other teens and talk about life and death, friendship and love, work and stress, and about themselves and the adults in their lives. These personal experiences are often humorous and sometimes troubling, but always true to life. Available through Health Canada, Mental Health Promotion:
http://www.hc-sc.gc.ca/hppb/mentalhealth/mauve.htm

NETWORKING YOUTH NATIONALLY

http://209.217.127.51/

This is a national network run by youth for youth that encourages young people to participate in problem-solving and decision-making on mental health issues at individual and organizational levels. It also provides an opportunity for youth to support each other through life's ups and downs. The network strives to include all youth as well as people who care about and work with youth (such as youth-friendly professionals, educators, community workers, etc.).
For more information about Networking Youth Nationally (NYN) contact:
Tel: 613-737-2764
Fax: 613-738-3917

Or you can use regular mail:
Youth Net
c/o Children's Hospital of Eastern Ontario
401 Smyth Rd., Ottawa ON K1H 8L1

Training in Suicide Prevention

ASIST (Applied Suicide Intervention Skills Training) is a two-day workshop designed for anyone who may come in contact with a person at risk of suicide. This world-wide suicide prevention program was developed by LivingWorks, a public service corporation out of Calgary Alberta, and is appropriate for mental health professionals, volunteers working in the community, physicians, nurses, police, teachers, counsellors, clergy and youth workers. To learn more about this training opportunity and how to gain access to it, contact your local branch of the Canadian Mental Health Association. A list of local branches of the cmha can be found on their Ontario Web site < www.ontario.cmha.ca > or by calling their toll free line 1-800-875-6213.

Please note: Aside from our own sites, no endorsement of the above Web sites by the Centre for Addiction and Mental Health should be inferred.

APPENDIX D: TOLL-FREE PHONE LINES

Distress lines are an anonymous way to get help during a crisis. They also provide information on getting long-term help for the caller, a family member or a friend. They are accessible 24 hours a day. If in doubt about where to call in an emergency, call 911.

KID'S HELP PHONE: 1-800-668-6868
Kids Help Phone is Canada's only toll-free, 24-hour, national bilingual telephone counselling service for children and youth. It provides counselling services directly to children and youth between four and 19 years. It also helps adults aged 20 and over find the counselling services they need. Parents, teachers, and any other concerned adults are welcome to call for information and referral services at any time.

DIRECT (DEPRESSION INFORMATION RESOURCE AND EDUCATION CENTRE TOLL-FREE)
These toll-free phone lines provide comprehensive information on mood and anxiety disorders through pre-recorded messages, available 24 hours a day. The information available through DIRECT has been written and reviewed by members of the internationally recognized Mood Disorders Program, part of the Faculty of Health Sciences at MacMaster University.
Public Line: 1-888-557-5050, ext. 8000
Physician Line: 1-888-557-5050, ext. 800

Distress Centres of Ontario

http://www.dcontario.org/members.html

Please refer to the DCO Web site to find the number of the Distress Centre member in or near your community.

Crisis Centres in Ontario

http://www.siec.ca/siec/provinces/ontario.htm

Provides numbers and contact information for a large number of crisis lines throughout Ontario.

Please note: Aside from our own sites, no endorsement of the above Web sites by the Centre for Addiction and Mental Health should be inferred.

APPENDIX E: ONTARIO MENTAL HEALTH ORGANIZATIONS

CENTRE FOR ADDICTION AND MENTAL HEALTH
Info-line: 1-800-463-6273 or in Metro Toronto: (416) 595-6111
33 Russell St.
Toronto ON M5S 2S1
Web site: http://www.camh.net

CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO DIVISION
180 Dundas St. W. Suite 2301
Toronto ON M5G 1Z8

Phone: 416-977-5580
Fax : 416-977-2264 or 416-977-2813
E-mail: division@ontario.cmha.ca
Web site: http://www.ontario.cmha.ca

For information about the CMHA branch in your area, please call 416-977-5580, or visit the CMHA National Web site at http://www.cmha.ca/

THE MOOD DISORDERS ASSOCIATION OF ONTARIO AND TORONTO
40 Orchard View Blvd., Suite 222
Toronto ON M4R 1B9

Phone: 416-486-8046
Toll-free: 1-888-486-8236
Fax: 416-486-8127
E-mail: mdamt@sympatico.ca
Web site: http://www3.sympatico.ca/mdamt/

For information about groups in your area, please call 1-888-486-8046.

SCHIZOPHRENIA SOCIETY OF ONTARIO
885 Don Mills Rd., Suite 322
Don Mills ON M3C 1V9

Phone: 416-449-6830
Toll-free: 1-800-449-6367
Fax: 416-449-8434.
E-mail: sso@web.net
Web site: http://www.schizophrenia.on.ca/

For information about the chapter in your area, please call 1-800-449-6367,
or visit the SSO website.

THE SELF-HELP RESOURCE CENTRE
40 Orchard View Blvd., Suite 219
Toronto ON M4R 1B9

Phone: 416-487-4355 (in Toronto)
Toll-free: 1-888-283-8806 (outside Toronto)
Fax: 416-487-0344
E-mail: shrc@selfhelp.on.ca
Web site: http://www.selfhelp.on.ca/

ONTARIO OBSESSIVE COMPULSIVE DISORDER NETWORK
P.O. Box 151
Markham ON L3P 3J7

Tel: 416-410-4772
Fax: (905) 472-4473

E-mail: oocdn@interhop.net
Web site: http://www.oocdn.org

Please note: Aside from our own sites, no endorsement of the above Web sites by the Centre for Addiction and Mental Health should be inferred.

For information on other Centre for Addiction and Mental Health resource materials or to place an order, please contact:

Marketing and Sales Services
Centre for Addiction and Mental Health
33 Russell Street
Toronto, ON M5S 2S1
Canada
Tel.: 1-800-661-1111 or
416-595-6059 in Toronto
E-mail: marketing@camh.net

Web site: www.camh.net

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Addiction Research Foundation
Clarke Institute of Psychiatry
Donwood Institute
Queen Street Mental Health Centre

A World Health Organization Centre of Excellence

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